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FEC FORM 1

STATEMENT OF ORGANIZATION

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NAME OF COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	řeč Mail	CENTER
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COMMITTEE'S E-MAIL ADDR	ESS					
☐ (Check if address is changed)	tfa	hey@nh	n b a n k e r s . c c	m l l l l		
	Optional	Second E-Mail Ad	ddress			
COMMITTEE'S WEB PAGE A	DDRESS (L	IRL)				
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2. DATE 0 4	1 2	0 1 3				
3. FEC IDENTIFICATION NUMBER ▶ \[\begin{array}{c c c c c c c c c c c c c c c c c c c						
4. IS THIS STATEMENT	NEV	(N) OR	X AMENDED (A)			
I certify that I have examined	this Statem	ent and to the bes	st of my knowledge and belief it	is true, correct a	and complete.	
Type or Print Name of Treasu	rer <u>Tho</u> r	nas F. Fahey				
Signature of Treasurer	Pho	next. F	They	Date 04) ' [<u>"</u> (2013
NOTE: Submission of false, erro		•	n may subject the person signing		he penalties of 2	U.S.C. §437g.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FOR (Revised 06/2	_

5.

FEC Form 1 (Hevised 02/2009) Fage 2	
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)	•
Name of Candidate	_
Candidate Office State Party Affiliation Sought: House Senate President District	
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Part	ly.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is	: a:
Corporation Corporation w/o Capital Stock Labor Organization	
Membership Organization Trade Association Cooperative	
tn addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part committee. (i.e., nonconnected committee)	ty
In addition, this committee ts a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	_
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/qrganizations, at least one of which is an authorized committee of a finderal candidate.	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.	
Committees Participating in Joint Fundraiser	
1.	
2.	
3. FEC ID number C	
4.	

		- tage t					
Write or Type Committee Name	9						
New Hampshire Bankers Association Federal BankPAC							
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor							
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Mailing Address	P O B O x 2 5 8 6						
	One Eagle \$	e 5 0 4					
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	CITY STATI	ZIP CODE					
Relationship: X Connected	d Organization Affiliated Committée Joint Fundraising Repres	entative Leadership PAC Sponsor					
7. Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of th	e person in possession of committee					
Full Name		لتبيينين					
Mailing Address	$N_{\parallel}e_{\parallel}w_{\parallel} + A_{\parallel}a_{\parallel}m_{\parallel}p_{\parallel}s_{\parallel}h_{\parallel}i_{\parallel}r_{\parallel}e_{\parallel} + B_{\parallel}a_{\parallel}n_{\parallel}k_{\parallel}e_{\parallel}r_{\parallel}s_{\parallel}$	Associati					
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Title or Position	CITY STATE	ZIP CODE					
Tırıelalsıulrlein	Telephone number	6 0 3 - 2 2 4 - 5 3 7 3					
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the commit assistant treasurer).	ttee; and the name and address of					
Full Name of Treasurer T ₁ h ₁ o ₁ n	$m_1a_1s_1 F_{\cdot 1} F_1a_1h_1e_1y_1 + \dots + \dots + \dots$						
Mailing Address		A _{ssoci} i atiqq					
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Title or Position Tirlelalslune f	Telephone number	6 ₁ 0 ₁ 3 - 2 2 4 - 5 ₁ 3 ₁ 7 ₁ 3					

9.

Full Name of Designated Agent	S _{andra, Tracy, 11, 11, 11}				
Mailing Address	N _i e _i w _i Hamp _i s _i h _i i _i r _i e _i Ban _i k _i	ers A	s s o c i a t i o n		
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Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.					
Name of Bank,	Depository, etc.				
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Mailing Address	P ₁ O ₁ B ₁ O ₁ x ₁ 1 2 8 2 6 1 1 1 1 1				
	8 9 North Main Stre	e t			
	$C_{ O }n_{ C }o_{ C }d_{ C }$	NH	0 3 3 0 2 - 2 8 2 6		
	CITY	STATE	ZIP CODE		
Name of Bank,	Depository, etc.				
Mailing Address		1111			
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	CITY	STATE	ZIP CODE		

(3/2005)

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